COMMONWEALTH OF VIRGINIA
PETITION OF QUALIFIED VOTERS FOR ELECTORS FOR PRESIDENT AND VICE PRESIDENT

WHEN A CONGRESSIONAL DISTRICT INCLUDES MORE THAN ONE COUNTY OR CITY, USE A SEPARATE PETITION FORM FOR QUALIFIED VOTERS IN EACH COUNTY OR CITY IN THE CONGRESSIONAL DISTRICT.   **Enter congressional district no. here**: _____

We, the qualified voters of _____ in the **Commonwealth of Virginia** signed
ENTER COUNTY OR CITY NAME
hereunder or on the reverse side of this page, do hereby petition the following to become candidates for the office of Elector for President and Vice President of the United States at the General Election to be held on November 2, 2004.

CONGRESSIONAL DISTRICT:

1st _____	7th _____
2nd _____	8th _____
3rd _____	9th _____
4th _____	10th _____
5th _____	11th _____
6th _____	AT LARGE _____
	AT LARGE _____

The above candidates, if elected, are required to vote in the Electoral College for _____

for President and _____ for Vice President. We further petition that the names of these

candidates be identified on the ballot under the Party name of _____, a group

qualified pursuant to *§ 24.2-543* of the Code of Virginia.

[IF ELECTORS DO NOT REPRESENT A PARTY GROUP, THEY WILL BE DESIGNATED "INDEPENDENT".]

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT ON THE REVERSE SIDE OF THIS FORM THAT S/HE IS, OR IS ELIGIBLE TO BE, A REGISTERED AND QUALIFIED VOTER IN VIRGINIA AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.

SIGNER: YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN AND DOES NOT SIGNIFY AN INTENT TO VOTE FOR THE CANDIDATE. YOU MAY SIGN PETITIONS FOR MORE THAN ONE CANDIDATE.

OFFICE USE ONLY V		SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENT ADDRESS House No. & Street Name **or** Rural Route & Box No. & City/Town	DATE SIGNED	*SEE NOTE BELOW SOCIAL SECURITY NUMBER [OR LAST FOUR DIGITS]
	1.	SIGN PRINT			
	2.	SIGN PRINT			
	3.	SIGN PRINT			
	4.	SIGN PRINT			
	5.	SIGN PRINT			
	6.	SIGN PRINT			
	7.	SIGN PRINT			
	8.	SIGN PRINT			
	9.	SIGN PRINT			

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

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*The social security number is part of each voter's official record and is requested only to make it possible to check this petition more quickly and with greater accuracy. It is not mandatory that it be provided. The State Board of Elections, when copying this document for public inspection, must cover the column containing social security numbers.

All signatures required by law need not be on the same page of the petition. Numerous pages may be circulated. The circulator of each page must be a person who either is, or who is eligible to be, a qualified voter of the Commonwealth of Virginia. The circulator also must swear or affirm in the affidavit that s/he personally witnessed the signature of each voter.

	CIRCULATOR:	MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW THAT S/HE IS, OR IS ELIGIBLE TO BE, A REGISTERED AND QUALIFIED VOTER IN VIRGINIA AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.
	SIGNER:	YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN AND DOES NOT SIGNIFY AN INTENT TO VOTE FOR THE CANDIDATE. YOU MAY SIGN PETITIONS FOR MORE THAN ONE CANDIDATE.

OFFICE USE ONLY V	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENT ADDRESS House No. & Street Name or Rural Route & Box No. & City/Town	DATE SIGNED	*SEE NOTE BELOW SOCIAL SECURITY NUMBER [OR LAST FOUR DIGITS]
10.	SIGN _____ PRINT			
11.	SIGN _____ PRINT			
12.	SIGN _____ PRINT			
13.	SIGN _____ PRINT			
14.	SIGN _____ PRINT			
15.	SIGN _____ PRINT			
16.	SIGN _____ PRINT			
17.	SIGN _____ PRINT			
18.	SIGN _____ PRINT			
19.	SIGN _____ PRINT			
20.	SIGN _____ PRINT			
21.	SIGN _____ PRINT			
22.	SIGN _____ PRINT			
23.	SIGN _____ PRINT			

Commonwealth of Virginia   *- AFFIDAVIT -*

I, _____, swear or affirm that (i) my resident address is_____
_____; (ii) I am, or am eligible to be,
a registered and qualifed voter in Virginia in the County/City of _____; (iii) I am, or am eligible to be, qualified to vote
for the office for which this petition is circulated; and (iv) I personally witnessed the signature of each person who signed this page or its reverse
side. I understand that the penalty for falsely signing this affidavit is a maximum fine of $2500 and/or confinement for up to ten years.

[**V** REQUIRED]

_____   _____
SIGNATURE OF PERSON CIRCULATING PETITION   CIRCULATOR'S SOCIAL SECURITY NO.

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20 ____.

My commission expires on _____.   _____
                                                      NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS

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SBE-543 REV 7/03